

Ice Line
700 Lawrence Drive
West Chester, Pa 19380

2010 Women's & Girls Challenge Cup Tournament



Tournament Dates
July 31—August 2

Ice Line

700 Lawrence Drive

West Chester, Pa 19380

www.iceline.info

Phone: 610-436-9670

Fax: 610-436-4622

Don't Forget to get in Shape
Before the Season Starts!



ICE LINE



ICE LINE





Rules

- ◇ Teams must wear:
Matching Numbered Uniforms
- ◇ Teams may dress up to 16 players and 2 goalies
- ◇ Players may only roster on one team per division
- ◇ Game format is 5 on 5 plus goalie
- ◇ Games will consist of 3 periods. All games played in a 12-12-15 format
- ◇ League will be non check
- ◇ Ice Line reserves the right to change game schedules if needed throughout the tournament

FOR TOURNAMENT INFORMATION:

Contact

Jon Bernard

610-436-9670 x 130

Bernard@iceline.info



Tourney Dates

- ◆ The tournament will run the weekend of July 31st to August 2nd.
- ◆ Registration Deadline is July 20, 2010

Tournament Cost

- ⇒ Individual Entry Fee: \$75.00 (Individual entry fee due at the time of registration)
- ⇒ Team Fee: \$550 per team (\$395 non-refundable deposit due with registration & \$155 team balance due by 7/31/2010)

Tournament Details

- ▽ All teams are guaranteed 3 games.
- ▽ Playoffs for first four teams.
- ▽ All games are played until completion.
- ▽ All USA hockey rules apply.

Registration Form 2010 Woman's Challenge Cup

Please Check your division

- Woman's open — all skill levels
- Woman's D—Beginner and Intermediate
- Girls U-16
- Girls U-14

Individual Registration

Name: _____

Address: _____

Birth Date: _____ Age: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Years Played: _____

Team Registration

Team Name: _____

Jersey Color: _____

Contact Person (responsible for all payments): _____

Address of Contact: _____

Home Phone: _____ Cell: _____

Email: _____

Coach: _____

Home Phone: _____ Cell: _____

Email: _____

HOLD HARMLESS AGREEMENT

HAVING FULL KNOWLEDGE OF THE NATURE OF THIS ACTIVITY AND THE HAZARDS INVOLVED, I HEREBY CERTIFY THAT I HAVE PERSONAL MEDICAL INSURANCE COVERAGE FOR ANY "BODILY INJURY" THAT MAY OCCUR AND ASSUME FULL RESPONSIBILITY FOR ALL LOSSES AND INJURIES SUSTAINED WHILE INVOLVED IN THIS ACTIVITY AS IT RELATES TO THIS FACILITY. I ALSO HOLD HARMLESS ICE LINE, ITS INSURERS, THEIR AGENTS, AND EMPLOYEES, AND ANY OF ITS ASSOCIATES FROM ANY CLAIM RELATED THERETO.

Signature: _____ Date: _____